

SENIOR AND LONG TERM CARE LEGISLATIVE LISTENING SESSION

February 7, 2008

On Thursday, February 7, 2008, the Senior and Long Term Care Division sponsored local public forums and a statewide listening session using the MetNet teleconferencing process for the purpose of preparing for the next legislative session and gathering input from consumers, providers and other individuals interested in aging and long-term care issues. The session purpose was to hear ideas concerning possible new legislation, budget priorities, unmet service needs and any other issues that individuals feel should be considered in the Divisions' or the Departments Legislative initiatives.

The statewide discussion via MetNet was held from 9:00-12:00 and included ten (10) local communities from around the state discussing issues and priorities for programs administered by the Senior and Long Term Care Division. The ten communities participating were Billings, Bozeman, Butte, Glasgow, Great Falls, Havre, Helena, Kalispell, Miles City and Missoula.

Prior to going around to each community, SLTCD staff outlined the programs managed by the Division, which include Aging Services, Nursing Facility Services, Adult Protective Services, Home and Community Service options and State Veterans Homes. A summary of the Divisions funding for these programs was recapped, as were highlights from the 2007 Legislative session for these programs. In addition, the timelines for development of the 2009 legislative priorities were discussed.

The following material represents a summary of the issues or concerns that were discussed during the morning teleconference session.

MetNet Summary:

Billings

- Prioritize Respite Services to provide relief for caregivers to keep individuals at home longer. Example was dementia/Alzheimer and traumatic brain injury individuals.
- Increase the rate for Adult Residential Services (AR). Provide recognition for individuals that pay privately in Adult Residential, spend down to stay in place, and obtain a waiver slot. Age in place. Need to address rate for C beds under waiver, because of low AR rate, access is difficult.
- Increases were made in wages for nursing homes that still have difficulty in obtaining direct care staff; no increase was directed to Assisted Living facilities that have difficulty obtaining staff as well. Increased focus on training of workers is needed.
- Find ways to get Intergovernmental Transfer funds into the base.
- Provider rate increases need about 4% to meet the inflationary cost increases.
- If there were funding, nursing facilities would look at providing respite in a long-term care setting on an hourly or daily basis.
- Need more funding for services such as Aging and Developmental Resource Center model, to educate and get the word out to folks

Bozeman

- Need more focus statewide to identify protective services options for training and early intervention related to APS.
- Issue related to delivery of respite and how caregivers need training, such as Powerful Tools for Caregivers, but cannot get to classes if they are not provided locally and need respite to be able to leave home and attend.
- Issue related to the increased strain on local level agencies related to the Medicare Part D reenrollment and the need for more SHIP resources to get additional trained staff during the Nov-Dec reenrollment period.

Butte

- More funding needed for respite services. Increase in usage of the service in this area. Need more funding to get to more individuals outside of the Alz. Grant funding.
- Need for more funding for cost of SHIP increases relative to Medicare Part D.
- Need to maintain funding for one-time only (OTO) \$1.5M for aging services. If the OTO distinction is gone, providers will be able to put it into services that are ongoing if they can be sure that it is an ongoing source of funding.

Glasgow

- Importance of ongoing funding of the OTO \$1,500,000 that was provided to Aging Services programs.
- Need new ways to provide incentives for training and education for health care workers to enter the health care field. More focus on education and training through the university system or ways to provide incentives for workers to come to rural communities to work.
- More use of on-line education curriculum to be able to attract workers that would like to advance their education, but also need to work and cannot leave the community. Alternatively, need new ways that providers can keep workers, but also allow them to advance their education while they work.

Great Falls

- Increase reimbursement of caregivers.
- Provide more training on options such as HCBS waiver and long-term care planning issues.
- Increase staffing at state level for programs and look to Partnership programs to provide incentives to purchase long-term care insurance and promote planning.
- Guardianship programs need resources to recruit and develop guardians, as well as pro bono lawyers. Pay for guardianships at local level by increasing contingency funds to get guardianship programs started or to pay for stipends for guardians.
- School to work programs in the high school to get graduates to enroll in health care programs and seek education that will provide for direct care workers in the future.
- Establish Personal Assistance Registry, similar to the CNA registry.

- Provide respite services, make sure to educate that respite is not always used for recreational activities; many times it is the only way that the caregiver can get to a medical appointment or other needed services, not just R and R.

Havre

- Continue to provide the OTO funding of \$1,500,000 for aging services.
- Need more funding for legal services developer program, more assisted living waiver slots, increases in funding for aging services, need ongoing source of funding for the Older Montanans Trust and increased rates for direct care workers.

Helena

- Expand funding for meals programs and increased funding for legal services developer program and increase funding for the HCBS waiver.
- Change long-term care priorities so that in-home services are a priority and funds are focused at keeping individuals in their own homes.
- Funding for increased wages and to interest caregivers in working in direct care fields.
- Need more funding for the Older Montanans Trust.
- Transportation services such as senior transportation are needed; DOT priorities do not reflect the real need for services for seniors.
- More leadership across all of the Divisions in the Department to raise profile based on the increasing demographics. Need strategies on how to access affordable and accessible housing, transportation for seniors and education of workers.
- HCBS waiver expansion, new slots to fund the waiting list.
- More training and education to grow the professionalism of direct care workers.
- Increase reimbursement for services such as assisted living rate and look at ways to keep individuals in community settings.
- Increase funding to Older Montanans Trust.
- Ongoing funding and education such as Resource Facilitation Services for TBI services.

Kalispell

- Fund the waiver waiting list.
- More funding for training, wages, mileage reimbursement, additional adult residential slots.
- Continue the \$1.5 million OTO funding for aging services.
- Need additional funds up to \$8 million for ongoing aging services programs.
- Need more resources, funding and FTE for legal services to build Pro Bono and modest means programs.
- Elder abuse issues in nursing homes and adult residential settings with individuals that are predators going in and stealing resident's medications. Need more teeth in licensure regulations to investigate and assess penalties for these issues. Beef up the licensure laws.
- Recognize need for increased funds due to increased workers compensation rates.
- Need more funding to increase the mileage rate, as we cannot get people to transport for medical appointments.

- Work force issues, need more training to provide incentives for direct care work as a meaningful job.
- Develop a registry of home caregivers, such as PCA workers so that agencies have a place to go to report and find out about prospective workers; need background checks as well.

Miles City

- Issues with Medicaid equipment under DME taking too long for a vendor to work through approval process.
- Look for other options and alternatives for guardianships.
- Need increased rate for mileage. Transportation an issue in Eastern Montana.
- Need to focus on TBI services for veterans returning home.
- Promote respite program statewide and develop funding for it above the Alzheimer's grant funding.
- Several comments on shortage of direct care workers in Eastern Montanan.
- Need access to dental services for nursing facility residents and veterans, have to drive from Glendive to Sidney or Miles City to access a Medicaid dentist.
- Support guardianship councils across the state.

Missoula

- Concerns about the medically needy level that does not adjust annually with the SSI level changes. Ways to address this issue to increase the medically needy level annually.
- Use buy-in program for disabled so that individuals do not have to choose to work or stay on Medicaid.
- Provide incentives to care workers due to shortage of workers, Health Care for Health Care Workers is a good start.
- Backfill Big Sky Bonanza slots when a person selects this option.
- Mileage rate increase.
- Some concerns about the tradeoff of hours in the Personal assistance program authorization, bathing issue.
- Payee services look to see how this could be offered as a service under the waiver with more funding.
- Need provider rate increases.
- Older Montanans Trust funding.
- Ongoing funding for \$1.5 million OTO for aging services.
- Additional waiver slots.
- Choices for independence-more home-based options and move toward a funding split of 50/50 between community services and institutional-based services.
- Fund a work group to look at best practices for ideas and programs that may further enhance the system.
- Need better coordination between licensure, ombudsman program and APS on working together.
- Provide funding for aging in place programs to keep individuals at home longer.
- Ways to increase worker access, - wages, benefits, mileage reimbursement, training and education.
- Need a registry for PCA's statewide.

- Incentives for caregivers delivering services in rural areas, including increased mileage.
- Support for Health Care for Health Caregivers; need to develop a pool for smaller providers to be able to participate.

Caller from Malta:

- Reimbursement for Medicaid equipment is substandard, i.e. Oxygen services.
- Need more funding for respite at local level.

Local Discussions:

In the afternoon of the 7th and on the morning of the 8th, local discussions took place focusing on local long-term care service needs and priorities in each of ten (10) Montana communities. The ten communities participating were Billings, Bozeman, Butte, Glendive, Great Falls, Havre, Helena, Kalispell, Miles City and Missoula.

Local session discussions focused on the following questions that were provided to the local facilitators, in addition to other topics of importance to the local groups.

1. Are there any legislative issues in the area of senior and long-term care services such as changes in existing law or the addition of new statutes that you feel the department should consider?
2. We all know that budgets are always tight, should any additional resources for senior and long-term care services be available, what are the highest priority initiative you would suggest the department consider in order to have the greatest positive impact on the people we serve?
3. What program changes should the department consider in order to better plan, coordinate and deliver senior and long-term care services?
4. Looking collectively at all of the department's senior and long term care programs in your area, how would you prioritize the need for/value of the programs, given the funding available?
5. If no new funding or reductions in funding should occur, how should the division prioritize reductions or reconfigure services and programs to target those most in need and to create the least amount of negative impact on the people we serve?

Attached are the summaries of the issues discussed at each of the local town meetings. Information is shown by questions above to the extent possible. At the end of the document is additional information that was provided, that either did not conform to the five questions format or was provided directly to the Division in the form of a written comment.

1. **Are there any legislative issues in the area of senior and long term care services such as changes in existing law or the addition of new statues that you feel the department should consider?**

BILLINGS - (33 in attendance)

- Simplify the care calculation for waiver similar to NH (having an A, B and C bed rate).

- Have a moratorium that controls the amount of facilities being opened in any community.
- Raise the waiver rate so that it is favorable for an Assisted Living (AL) to consider taking a Medicaid consumer. Of our group, some AL folks would not even consider a Medicaid individual and others would only consider a couple per facility. The concern is that even with a slot, there are not enough AL providers willing to accept the rate and serve the consumer.
- Look at utilizing extended family resources when available to augment the cost of AL. The point was made that in a NH, a family member could pay extra for a private room even though their mom/dad was Medicaid. Why is this not the same in AL? The AL facilities would like to be able to give a larger room when family is able to supplement monthly payments.
- Money follows the person in a NH transfer....but just the cost of the waiver service. The actual amount of money a person was receiving in the NH should go with them and could augment the waiver. This could possibly fund more than one slot.
- Couples and singles are spending down to the same limit under Medicaid. This penalizes a married couple and makes it near impossible to get Medicaid and or waiver services. How can two people be expected to live on the same income as one especially when they are at a poverty level? This seems ridiculous!
- If a person has entered AL with their private resources and has utilized all of their money for their care down to the medically needy level, then they should be able to obtain an immediate slot and age in place in the AL facility. The stress level for the consumer, caretakers and loved ones is enormous. The quality of life for the consumer should be a priority. We would be meeting the goal of our mission statement better if we looked at implementing this.
- Staffing issues are a huge problem in recycling exploitive dishonest workers. The AL facilities and PAS providers want a way to share confidential information to alleviate these types of employees making the rounds. This would be more cost effective for the AL facilities and PAS providers in that they would not be expending huge amounts of time hiring, training, documenting and struggling with these employees. It would benefit the consumer in that they would be much safer and more protected. The background checks are simply not enough to identify the employee that has never been charged/convicted. This type of employee seems to be making the rounds in this type of employment.
- Montana needs to allow consumers who want to be employed to buy into Medicaid for their health care needs (personal assistance, waiver). So many consumers who need personal assistance for ADL's would love to go to work but feel it's pointless when any income they earn has to go to their spend down just to qualify for Medicaid to get the personal assistance. This just seems so penalizing.

BOZEMAN - (15 in attendance)

- Background checks were the burning issue with this question. At the DPHHS level, apparently, the policy is that APS cannot give out information on someone who has had a referral with regard to abuse, neglect or exploitation of the elderly. Is there a possibility of this policy changing? It was suggested that background checks are costly if done on every person who applies to be a PCA. Would the state consider reimbursing Personal Care Providers for a portion of that cost?

- Some of the more practical suggestions were to check the con-network, the sex offender's registry and the Better Business Bureau web-sites. The possibility of a state provider website was discussed with concern for privacy laws as a stumbling block. To counteract this issue, it was suggested that only the good PCA's be put in the website, with their permission. Some participants in this local group had spouses that simply Google any prospective employee and get a good picture of character traits. Face Book was also suggested as this is a vehicle of the younger generation. Also checking the CNA registry might expose someone's past conviction if they were now trying to get a job as a PCA. Also there was some discussion of changing the existing laws to strengthen policies, wording and clarity with regard to Power of Attorney and the possible exploitation of the elderly.

BUTTE – (18 in attendance)

- Return substantiation authority to APS, or develop a mechanism to track repeat offenders.
- Allow a third party to file a civil action in circumstances of Medicaid Fraud/Exploitation.
- Include Homemaker/Respite services under the Self-Direct Language in HB 2.
- Allow payment of legally responsible relatives under state plan PAS (apart from the BSB waiver).
- Abuse laws – change elder abuse from Title 52 to Title 45. This change would give more merit to elder abuse cases. Lack of response from law enforcement related to elder abuse.
- Consider changing the age of what is considered “elderly” for the purposes of APS. Increasing the age may assist with work load issues. Survey other states.

GLENDIVE – (19 in attendance)

(See OTHER COMMENTS section below)

GREAT FALLS - (25 in attendance)

- Change in statute to allow a person who has been exploited to receive Medicaid if criminal charges are filed. Currently, a civil suit must be pursued and these individuals do not have the resources (financially or any other way) to pursue civil charges. (Is this a federal rule or Montana rule?) Also, what can be done to help the nursing home and the nursing home resident who is being evicted because they cannot pay for their stay and they are not eligible for Medicaid because of exploitation? We cannot expect nursing homes to continue to provide a service for free, but they also cannot just put a person out on the street.
- Enforce timelines for OPA to determine eligibility. Perhaps more FTE are needed.
- The 30-day discharge notice requirement for ALF residents can be difficult for assisted living facilities, especially in the case of Medicaid waiver residents.
- Increase in funding for legal department services.
- Strengthen Medicaid qualifying trust regulations.
- Raise the med-needy level each year to the SSI level.
- Support the Medicaid Buy-In.

HAVRE – (5 in attendance)

- Assisted Living become a State Plan option.

- Raise Med Needy level so Medicaid recipients have more money each month.

HELENA – (17 in attendance)
(See OTHER COMMENTS section below)

KALISPELL - (? in attendance)

- Make available to APS stronger teeth in statute for penalizing people who are abusing, neglecting or exploiting the elderly/disabled.
- Make rule mandating that the local county attorney's offices work w/ APS in the manner that they are currently mandated to work w/ CPS.
- Extend APS authority for 48 hour hold/guardianship for all disabled under 60.
- Define and develop PCA Registry. The consensus was that this registry needs to go beyond criminal background checks. Recommendations include: appoint an interdisciplinary task force to research the legal, business and medical ramifications of such a registry, need to have parameters in place which will allow of continuous updating of registry and process for PCA to appeal derogatory information w/ the registry.
- Change current rules so that the medically needy standard for determining Medicaid will be tied to the current SSI standard. It was noted that the lack of this rule has adverse affects on a person's ability to obtain shelter, food and other basic essentials.
- Statutorily require Assisted Living and personal care facilities to either require all medications be administered by LPN or RN or require Certified Nursing Assistants to obtain additional training and certification for medication distribution.
- Provide for better standards for Assisted Living and Personal Care facilities when obtaining licenses and their owners.
- Provide compensation for transportation and increased PCA time (if needed) for people needing to travel to urban areas to access needed medical care unavailable in their home communities.
- Increase Medicaid reimbursement rates for dentists.

MILES CITY – (17 in attendance)

- Consider legislative requirement for financial POA to make annual report to court.
- Mandate responsible party to do guardianships. County attorney or other specified. Some County Attorneys refuse to assist and some are very cooperative. There is no consistency.
- Mental Health APS has authority to remove in elderly, 60 and over, but not in DD or disabled, 18-59.
- Substance Abuse – No mechanism to involuntary commitment with substance abuse.

MISSOULA - (24 in attendance)

- Stricter laws about ratio of CNA to consumer in institutions (AR and NF).
- Better CNA training of folks in institutional settings-need to require continuing education-needs to have behavioral training and Alzheimer's training specifically-initial and continuing education.
- Make it mandatory that everyone gets a private living space in Assisted Living. So change the law in this area.

- Ban companion living for folks on Medicaid in Assisted Living.
- Caregiver registry (not just PCA).
- Institute Background check per SJ7.
- Use the National registry for background checks.
- MT needs to do \$ follows the person models (50/50% for HCBS and NF's) and aging in place.
- Medicaid buy-in.

A.P.S. issues

- If APS is the legal guardian, there are some situations where individuals can't get divorced. Needs to be special circumstances.
- Guardianship councils and guardianship areas and study of the alternatives.
- Mental health or DD case managers becoming guardians for folks who were SMDI.
- Guardianship reports and annual reports haven't been filed and no one currently monitors it.
- Establish a state agency that could handle the guardianship issues or someone that oversaw guardianships (like a guardianship bureau).
- APS and guardianships should be separated due to the conflict of interest.
- "Beef up" state statutes that deal with perpetrators of abuse and exploitation. Very few perpetrators are prosecuted. Not a priority within the judicial system.
- Marriage laws need to be changed for individuals who are receiving SSI or SSDI and benefits (folks can't get legally married or they lose benefits).
- Change rules around Dual case management so that both case managers can be paid for folks who are SMDI and HCBS.

- 2. We all know that budgets are always tight, should any additional resources for senior and long term care be available, what are the highest priority initiatives you would suggest the department consider in order to have the greatest impact on the people we serve?**

BILLINGS

- The number one priority is to eliminate the direct care worker shortage by making this a professional position. It was unanimous in our group that you can increase slots, raise rates, but without the workforce we cannot provide adequate services to our vulnerable population. The demand for the direct care worker is only going to increase rapidly in the years to come. This is just the beginning of our problem. Increased wages, benefits, mileage (in a huge way) and more standardized comprehensive training is the only answer. You get what you pay for. In Billings we are looking at two huge companies moving in along with all of our retail/fast food business's offering benefits and better wages. Another advantage is guaranteed hours with these places of employment. It is better to go to work for McDonald's or Wal Mart than to be a direct care worker due to the wages, benefits, and no portal to portal driving expenses as part of the job. Plus, they get discounts/free reduced food.
- Always, additional slots to reduce or eliminate the waiting list.
- The ombudsman in Yellowstone County carries 47 facilities and 9 NH's. This is a larger area than any other area statewide and is placing too heavy of a burden

on the one ombudsman. Plus, the news in Billings is that a very large AL facility is being currently planned for Shiloh so growth is taking place while our current ombudsman is on overload.

- TBI funding- As we have more falls with our aging population (remember our aging population is rapidly increasing) and veterans returning home with TBI's, resources in this area are needed to educate and serve this specialized population. It was mentioned that TBI funding could be cut when we have such increased need. TBI funding must be a priority.
- The cost of living is said to have increased by 4% while increases in Assisted Living rates have only increased by 2%. The facilities can not and are unwilling to take on Medicaid consumers at a loss.

BOZEMAN

- The highest priority for additional resources for senior and long term care was to have an additional FTE for the SHIP influx of consumers, in our area, or at the very least temporary help for the enrollment period. It was mentioned at the Met-Net that Glendive has 9 extra people temporarily employed for the enrollment period. More money for additional waiver slots was, of course, discussed but with the fact that a domino effect could result by having more slots available and a shortage of PCA's which seems to be a problem across the state.

BUTTE

- Fully fund AAA. Build one-time funds into the base. Funds to AAA are flexible and can be directed where the need is greatest (e.g. waiver, nutrition, transportation, respite).
- More funding for SHIP to address workload and costs associated w/ Medicare D.
- Increase funds for Respite services through AAA.
- 3 FTEs for APS – half-time FTE for each region.
- Add money to the Aging trust fund.
- Increase APS contingency funds.
- Fund an emergency placement program for APS. Suggest short-term (2 week) general fund or Medicaid contracts with nursing homes/assisted living/foster homes to assist consumers in crisis. (Reference the Phoenix, AZ program).
- Expand SLTC's legal assistance department.
- Develop an add-on rate for intensive nursing homes patients. Consider a tiered daily rate based on acuity.
- Create a PCA registry.

GLENDIVE

(See OTHER COMMENTS section below)

GREAT FALLS

- Funding for TBI education and services in Great Falls.
- TBI Assisted Living in this region.
- Respite reimbursement and resources. (Increase funding to AAAs to provide this service.)
- Guardianship program statewide.
- Increase in adult residential reimbursement through the waiver.
- Increase in waiver slots.

- Increase in reimbursement for transportation.
- Continue to increase caregiver's wages.
- Increase in APS FTE.
- State funding to increase Ombudsman program.
- State funding for CNA and PCA training.
- Increase in FTE in Quality Assurance for oversight of ALFs.

HAVRE

- The one time money that went to the AAA's should be given yearly.
- Increase Provider rates.
- Increase caregiver wages – develop a base wage system for caregivers so they will be able to depend on a regular pay check – would receive more pay when going above the base.
- Increase waiver slots and eliminate waiting list
- Increase allotted hours under the Personal Assistance programs.
- Increase reimbursement for medical transportation.
- Background checks for caregivers to include APS, CPS checks.
- Improve licensing policies for Assisted Living facilities – need to be able to take more action when problems occur to protect residents.
- Develop senior housing.
- Improve mental health services – more staff and new programs needed.
- Improve services for Veterans – was not able to get any specific details.

HELENA

(See OTHER COMMENTS section below)

KALISPELL

- Increased access to dental care.
- Mileage reimbursement for caregivers. Noted that the low reimbursement rate has limited care giver availability.
- Currently, Medicaid rules for PD waiver allow for the spouse's income to be excluded when determining Medicaid eligibility for a waiver client. Recommend that this waiver be extended to clients needing other general Medicaid funded services such as PCA services.
- Flathead County has recently lost local services for PCA and case management from the Western Montana Chapter for the Prevention of Elder Abuse. The WMC recently closed its satellite office in Kalispell leaving no local person and is handling the current payee clients from Missoula. Northwest MT Resources Waiver team/others had paid WMC to provide habilitation aide and payee services for their clients. This service is no longer available. Need for additional support so that this service can again be provided either directly by APS or by contract.
- Reimburse PCA agencies for the training of Caregivers.
- Increase payments to Assisted Living (AR Facilities) for Medicaid Waiver clients. (i.e. increase basic service rate)
- Provide for community resource training budget with the purpose of better publicizing available community resources. Ideas include; \$ for the development, manufacture and distribution of flyers/pamphlets, funding a coordinator or information officer, trainings, and coordination and augmentation

of existing programs currently providing these sorts of services, such as The Answer Book, Community Resource Link trainings and First Call For Help program.

- Increase the number of PD waiver AR and community waiver slots.
- Fully funding the assessed funding for Area Agency on Aging programs mentioned in the Met Net in the morning. (I.e. increase funding from \$3M to \$8M+). These services include: increasing number of I/A and Ombudsman workers, Respite care, permanently funding the Powerful Tools program, increasing Homemaker program, augmenting transportation services and increasing legal assistance services-both staff and funds available.
- Develop and fund Traumatic Brain Injury group homes and on-site supported living homes in Flathead County.
- Increase rates to providers.

Below is a list of votes for each of these areas of need in order of priority by the audience:

1. Mileage reimbursement (16 votes)
2. Local payee SHIP services (9 votes)
3. Fully funding AAA service needs (9 votes)
4. Increase payments for assisted living providers (8 votes)
5. Increase wages (6 votes)
6. Training reimbursement (6 votes)
7. Increase waiver slots (4 votes)
8. Community service awareness (3 votes)
9. TBI residential supports (3 votes)
10. Dental (no votes)

MILES CITY

- Mileage reimbursement.
- Worker shortage due to lack of benefits, low pay, kind of work, no guarantee of hours, mileage especially in rural areas.
- Many people do not have involved family members or family members that are willing to assist with any part of the care.
- Need for more respite.
- More services for people who are not Medicaid eligible, but have very little funds available, and are in constant struggle to survive as they cannot afford to pay for in-home caregivers, and do not want to go to a nursing home. Many in this population do not have family members living in the area. The Senior Companion Program has helped, but there is not enough funding to meet the needs.
- Rate for assisted living is too low.
- More Medicaid Waiver slots or allowing more services in personal care program. Many people want to remain as independent as possible, but cannot perform housekeeping tasks, cannot afford medical alert, but do want to continue doing their own personal care.

MISSOULA

- Healthcare for healthcare workers
- Mileage for caregivers

- Wages, benefits, training and mileage-professionalize the field
- State funded day care centers for PAS attendants and CNA's
- Partnership health center partnering with some medical benefits for attendants
- Bathing \$ back into the PAS program
- Provider rate increases
- Caregiver registry
- Look at the policy in the Personal Assistance program on how hours are authorized for a consumer when there is a live-in caregiver in the home (whether they're related or not)
- More ARS slots-easier to access and quicker
- More AR reimbursement to providers, so that we can recruit more AR providers
- Approach mental health and addictive disorders for our consumers
- Need State funded day care centers for PAS attendants - have day care centers for attendants and CAN.
- Payment for Dual Case management
- Increased funding for respite-education and outreach
- Respite needs to be its own program in the SLTC division with its own budget

3. What program changes should the department consider in order to better plan, coordinate and deliver senior and long term care services?

BILLINGS

- Respite was a big concern in our area. The need for caregivers to get away and take care of their own needs such as dentist, doctors, shopping, etc., is great but there is a shortage of programs that offer affordable respite for those folks who do not qualify for Medicaid but certainly can not afford to privately pay for respite. This leads to caregiver burnout or medical and emotional problems that, in turn, bring the consumer to us much sooner. Respite becomes preventative care.
- Taking our caregiver shortage into consideration, by allowing spouses and parents of minor children to be paid caregivers, we could add to our caregiver work force and improve the quality of service because of the vested interest of the family unit.

BOZEMAN

- Again the burning topic on this question was the concern with background checks for people who work as PCA's. There was some discussion of what it would take, legislatively, for the requirements of 16 hours of agency based training to be rewarded by, at the very least, a certificate of completion from the state that would have to be renewed and recertified by the PCA on a yearly basis. With such a system in place, this category of worker could be on a CNA/PCA registry with regard to conviction for crimes against the elderly. We talked about the possibility of a new job category for a state coordinator of PCA training, who would travel the state overseeing the PCA training provided to employees by the Providers. With the advent of such a position the training could then become more uniform for all PCA's and also elevate the status of this type of worker. Focus could be on the fact that the Certified Personal Care Attendants are the backbone of the industry as they are the people who provide the care to those who fit our programs and are allowed to age in place.

BUTTE

- Develop a centralized APS unit – a “super APS unit” that specializes in exploitation. Fluid, quick response to complex financial cases that exceed local APS resources. The unit should contain legal and forensic accounting services.

GLENDIVE

(See OTHER COMMENTS section below)

GREAT FALLS

- Address and evaluate the need for agencies to increase their private pay rate every time Medicaid increases theirs. The two programs are quite different in how they operate.
- Have an on-going nursing facility transfer process.
- Make Medicaid personal assistance available in the workplace.
- Better coordination between divisions, especially SLTC, Eligibility, QA and DD.
- Incentives to volunteer.

HAVRE

- Continue to expand communication with providers and the general public; MetNets are very good.
- Increase State staff without taking away money for program budgets.

HELENA

(See OTHER COMMENTS section below)

KALISPELL

- Did not address this question.

MILES CITY

- More waiver slots
- Medicaid contact process for approval
- TBI Veterans
- Alternative to guardianships
- Mileage reimbursement
- More money for Respite
- More help for those who do not qualify for Medicaid
- Criminal background check improved
- More SHIP counselors
- Improve licensing investigations and penalties

MISSOULA

PAS/SDPAS issues:

- Capacity screening tool needs to be updated as everyone is passing capacity for the SDPAS
- Providers expressed frustration about when they have asked the MPQH nurses to review a consumer’s capacity that they haven’t always been listened to by MPQH nurse. They’d like to see different tools developed, so that the same questions aren’t asked of the same person more than 1 year in a row.

- PAS program authorization needs to be revisited.
- Consumer's expressed that they would like to have a detailed checklist before the MPQH nurse authorization visit to prepare for the authorization process. Consumers would like to be educated about the process so that they can better advocate for themselves to get the hours that they truly need. Could the PAS/SDPAS provider alert the consumer about the MPQH visit beforehand to help them be better prepared and understand who they are talking with on the phone?
- Look at how the nurse supervisor from the MPQH does the PAS/SDPAS authorization to see if she's using a universal assessment tool that needs to be updated
- Roommate and family live-in caregiver situation mentioned in question #2 needs to be reviewed by the department
- Training issue for nurse supervisors from MPQH about how they ask the questions, i.e. Meal prep is different for everybody and not given as such. They're not asking "Why do you eat TV dinners?" when someone reports they eat TV dinners. If a consumer gets Meals on Wheels and MPQH cuts your time, they do it without realizing that it still takes time to cut up or serve the food to someone that needs assistance.
- Depends on the person who's taking care of you how long the tasks take, if it's new caregiver.
- Providers expressed that they'd like the department to look at the issue of the 15-minutes/30-minute authorization for a visit. Providers are thinking that there needs to be a 1 hour minimum. This would also increase the professionalism of the service. They expressed frustration that it's so "task oriented" currently, that there are concerns about the quality of care that can be performed with these minimum levels.
- Pay for guardianship/payeeship under HCBS program
- ORI wants a medically intensive group home-fund a different staffing ratio-like the DD system does currently; due to the increased needs of the folks that we're serving in the 2 PD group homes in Missoula.
- Pay attention to accessibility of this group home
- Look at discharge criteria in the community setting to ensure consumer health and safety in the home.

4. Looking collectively at all of the department's senior and long term care programs in your area, how would you prioritize the need for/value of the programs, given the funding available?

BILLINGS

- Our group concluded that the programs that are providing hands-on services to the consumer are the highest priority. We have to first strengthen and multiply our caregiver work force in order to stabilize our consumers in the community.

BOZEMAN

- We took a look at what we are seeing locally with regard to Skilled Nursing Facilities and Assisted Living Facilities. There is more competition in this area

with regard to the number of Assisted Living Facilities being built in Bozeman. Some of the providers that had never considered taking Medicaid patients are rethinking that issue because of this competition. The discrepancy in the daily rate from private pay to Medicaid is enormous and the question becomes one of “is it better to have some Medicaid money come in for a room or no money coming in for a room.” I’m being told that with waiver, the daily rate for ALF is a maximum of \$63.35; however, that is the top amount and many Medicaid low care residents are placed at a \$30.00 per day rate. Waiver cannot go higher but it can go this low.

- What we are also seeing locally is that Skilled Nursing Facilities are becoming more of a critical care facility. This has all happened since the advent of Assisted Living Facilities. For people who can afford to avoid Skilled Nursing Home placement, the Assisted Living Facilities are taking higher care consumers who pay for extra care from private pay agencies.
- We talked about how hard it is to place people with behaviors noting that the only facilities available in the state for the mentally ill are the State Psychiatric Nursing Home in Lewistown and the Skilled Nursing Facility at Warm Springs. It was suggested that Skilled Nursing Homes be paid an additional amount above the per day Medicaid rate for these harder to place residents.

BUTTE

- Participants found it difficult to prioritize value of programs that provide critical services and needs.
- Top three priority programs are the services through AAA, APS and CSB programs – not in any particular order.

GLENDIVE

(See OTHER COMMENTS section below)

GREAT FALLS

- We really did not have time to address this question, but the general discussion seemed to emphasize that all of the programs are essential. Waiver, personal assistance, ombudsman program, APS and aging service programs are all important.

HAVRE

- Area Agency on Aging
- Medicaid waiver
- Personal Assistance
- Assisted Living
- Nursing facilities

HELENA

(See OTHER COMMENTS section below)

KALISPELL

- Did not address this question.

MILES CITY

- Mileage/transportation

- Benefits for in-home caregivers
- Improve Mental Health Services
- Substance Abuse / Housing other than nursing home or street

MISSOULA

- The response from the Missoula participants was "All are equal but each department needs to prioritize within their own budget. "
- All programs are important and they're all intertwined.
- It takes a partnership and team.
- APS worker-HCBS, PAS, Aging services, contingency funding for APS.
- More staff.
- Mental health funding increases for AMDD.

5. If no new funding or reductions in funding should occur, how should the division prioritize reductions or reconfigure services and programs to target those most in need and to create the least amount of negative impact on the people we serve?

BILLINGS

- Sales Tax! Socialized Medicine! If hands-on services are cut or eliminated, we'll see more homelessness, hospitalizations, Nursing Home placements and unfortunately, death! As our group put it, we have a "silver aged Tsunami" building and we are not prepared. And we're not going to get prepared by cutting or eliminating programs. We can't simply stabilize these programs for today's elderly and disabled population; they must be prepared for rapid growth as well. We need a stable foundation under our programs to assure services are going to be available for our consumers. And by the way, that includes a lot of us "salt & pepper" people now.

BOZEMAN

- Everyone felt that if there were to be no new funding available, each program would have to take an equal cut in funding. We also felt that any cuts in existing programs would be detrimental to residents of Montana being served by our programs.

BUTTE

- AAA – Better enforcement of income guidelines and begin a fee for services (sliding scale).
- APS – Only respond to the most emergent cases.
- CSB programs – Tighten eligibility criteria for LOC and entitlement services.
- Research duplication of services across service systems (DD/AMDD).
- Require other divisions like DD/AMDD to provide personal care for consumers on their programs.

GLENDALE

(See OTHER COMMENTS section below)

GREAT FALLS

- No time, nor interest in discussing this one!

HAVRE

- Nursing facility money to Waiver and PAS programs

HELENA

(See OTHER COMMENTS section below)

KALISPELL

- Initiate a community resource training budget with the hopes that better use of existing community resources will lessen the impact on any budget cuts/reductions in SLTC programs.
- Look at existing nursing home residents and assess whether they can be served in the community less expensively using PD waiver slots. The idea being that more people can be served for the same dollar amount or the same be served for less \$.

MILES CITY

- Transportation
- Waiver slots
- Worker shortage
- Appropriate living environment for mentally ill and for substance abusers.

MISSOULA

- Spend the \$ that we have more wisely-keeping people in AR instead of NF
- More interdepartmental cooperation and resources sharing
- Take the \$ away from legislators and make them be a PCA for a day or let them try to live on \$600 per month
- Don't pay for special sessions
- Spend down issues-so there is no incentive to work. Disincentive. Punish anyone who has worked or wants to work.
- "If APS was doing just APS work and not guardianships, this would be good."
- More \$ into prevention for APS
- More clarity on what each division did
- Use universal assessments: rather than having multiple agencies doing the same thing over and over again with the same consumers. Meals on Wheels does their own assessment; Folks in the Missoula community seemed interested in looking at this issue as a community to see if there were ways that we could help cut down on the duplication of resources in the assessment process.
- It was suggested that Office of Administration has a new assessment tool and system for coordination that has already been developed. Could we get access to this?
- Have the ombudsman or NF surveyor identify folks who could be served at a lower setting and have them help with the NF transition process. There are lots of folks who aren't aware of community alternatives. There needs to be a professional that helps coordinate the discharge from the NF in partnership with a Summit Peer Counselor.
- For consumer's who've gone through cuts in the past they want to prioritize what to cut rather than what it was. Letting the consumers have that voice about what

- they feel, rather than being told. If there were reductions the priority consumers and advocacy is the direction to turn to. Like the idea of being able to choose. “I like the idea of being able to choose and how I schedule it. Other folks don't understand what I need as much as I do.”
- Earmarked Slots for BSB instead of taking away the slots from the current HCBS teams
 - Fill the slots that are earmarked for BSB.
 - Want 1 for 1 replacement with current CMC waiver slots for BSB slots.
 - Chronic disease to somehow think about what program and how to package them or extend them to the chronic disease program. Loss of hope and so many of the programs we have foster hope, so there are supports that aren't usually done and a lot of loss after the event. I.e. cancer patients don't know about our long term care programs, how can we help to bridge the gap?
 - Living Well with Disability has been funded through the HCBS program, please continue funding for LWD
-

OTHER COMMENTS

BILLINGS

BOZEMAN

BUTTE

- DPHHS needs to engage in more long range planning (past the two year legislative cycle) to better anticipate emerging needs and trends.
- Develop a high risk process for Home Health/Hospice programs to decrease waiting period for critical services.
- Change Medicaid policy re: Private Rates needing to be same as Medicaid rate. This is problematic for service providers. Address whether state plan PAS is truly a “like service” to private pay services.
- Fund nursing home/assisted living/transitional living services specific to ex-cons
- Fund a wing or beds in facilities for high risk consumers (e.g. discharging inmates, TBI, behaviorally intensive, medically intensive).
- Investigate Alternate Revenue Sources (Grants etc...)
- Caregiver retention is a major concern. Need to change the image of PCA's. Need to continue to increase wages and provide health care benefits.
- Need to develop a career path for PCA's and educational opportunities re; advancement.
- The Medicaid mileage rate needs to be increased to sustain transportation services.
- Expand beds at Lewistown.
- Provide additional FTEs to County Attorneys – so that County Attorney staffing is equivalent to Public Defender staffing.
- Address nursing home eviction issues. Need emergency placement services for evicted Medicaid recipients without natural supports.

GLENDAVE

Gary summarized the Executive Planning Process (EPP) and reported that Glendive would normally have been part of the Met Net that was held on Feb. 7 across the State, but all 3 Met Net hookups were either booked or down for repairs.

Those present discussed these needs:

- Guardianship councils
- Making the Area Agencies on Aging one time only funding permanent which is providing funding for the Senior Companion program to provide respite care services. There is a need for more respite care services. Included is a letter from Hallee Gentry, daughter in-law, of an elderly person receiving Senior Companion services.
- Teenage CNA classes to supplement the direct care work force
- Increase Medicaid personal care attendant funding
- One time only AAA funding needs to be continued- this is important for senior center heating and repair costs
- Increased funding for Medicare Part D assistance
- Medicaid spend down- SSI and the Medically Needy Program assistance amounts are too low
- More Assisted Living facilities, as current ones are full
- Inter-governmental transfer funding to keep small nursing homes open; they are a major employer in small communities
- Dental services
- Senior Companion caregiver services
- More education on services available to Veterans

Also enclosed is a letter from the Senior Companion program, describing their use of the AAA one time only funding and the need for that funding to continue.

Dr. Moline requested that the summary of these needs expressed at the local planning session in Glendive be forwarded to those present. He stressed the need for everyone to contact their local legislators about these Eastern Montana needs.

GREAT FALLS

HAVRE

HELENA

- Mileage reimbursement should match state reimbursement.
- In-home respite is needed. Support groups need information about what's available with Area IV Title III. Flyers need to be placed at Pharmacies, etc. A Plus provides sliding scale for Title III.
- Also need more options for respite.
- Need more APS workers in this region as case loads are growing bigger and bigger. There is a revolving door of people needing APS services.
- Need more AR slots and community slots.
- Need to get people to alcohol treatment quicker. Many people want treatment but are beyond AA or counseling and need in-patient treatment.
- Need mental health services for elderly onset of mental health issues and dementia.
- Availability of AR slots has a lot to do with rates. A significant provider rate increase is needed for AR slots. Assisted living does not receive direct care wage increases like nursing homes do.
- Why can't waiver clients families make up reimbursement shortfall?

- Large turnover of CNA's so, therefore, a pool of workers are needed. Where are these workers going to come from?
- Cost of becoming a CNA is \$600 and people don't have the money.
- School Systems in Texas and Arizona provide training in high schools to become a CNA. OPI needs to be contacted about getting this training into the curriculum.
- SLTCD should be advocating for a living wage.
- Very few current nursing home residents have long term care insurance.
- SLTD can assist with workforce issues: 1) Health Insurance for Health Care Workers is needed. 2) Reimbursement to cover cost of training.
- Propose new technology to help with caregiver services such as different monitoring systems, med reminders, etc.
- Establish a volunteer group of caregivers like Little Brothers and Little Sisters.
- Revamp Aging Horizons and have it run at different times during the day.
- Put Aging Horizons information on the news.
- Draw attention to elderly issues by making it part of political campaigns.
- Substantial provider rate increases needed for AR, nursing homes and in-home agencies.
- There are problems when family is the guardian and they don't pay for needed care. The family uses the money and the person has to apply for Medicaid as a hardship case.
- A Guardianship Council is needed. Need to be made up of legal, medical, and trained pool of professionals.
- Sometimes conservators are needed vs. guardianships.
- Delivery route of Meals on Wheels needed to be increased.
- Continue to fund Older American Act Programs – core to existence.

KALISPELL

MILES CITY

MISSOULA

- Overall comments for MetNet in the morning from the Missoula group: -don't let folks who already had the opportunity to speak once speak the 2nd time around.
- Limit comments to say that you agree with an issue.

Written Comments

- Continue funding for Caregiver Respite services so that it is possible for families to bring a loved one from the hospital home rather than the nursing home. Need additional funds after the grant is over to fund ongoing respite.
- Need for continuing education for caregivers.
- Payment for mileage would be an incentive to provide caregivers in outlying rural areas.
- Time to reassess the provider rates that are set for Assisted Living services. Needs to be a substantial increase in provider rates for this service over the expansion of service slots in the range of \$15 to \$20 per day.
- Look at ways the families can supplement the Medicaid rate in assisted living for the individual to stay in place or prioritize those that have paid privately and then need to move to Medicaid so that they can stay longer in assisted living with

some priority on the list. Commenter believes that in other states, families supplement Medicaid and that this is an allowable activity with Medicaid residents.

- Inflation - we are asking for a provider rate increase for nursing homes to account for projected inflation, in the range of 3-4% for each year of the biennium.
- Need to continue funding earmarked for direct care wages over and above inflation. Continue to be interested in the insurance initiative and how it may be applicable to nursing homes.
- Need a veteran's nursing home operated by the state in southwestern Montana.
- Mandatory helmet law for all bikers and motorcyclists to prevent traumatic brain injuries.
- Legislate a pop/beer/wine tax of 5 cents to raise money to fund existing and expand and create new programs.
- One full-time APS worker in each county that would only act as payee, manage money and be guardian for people that need assistance. If you are waiting for volunteers to step forward that will not happen. These workers would not do investigations.
- Assisted Living Facilities in Flathead County for TBI individuals and one Assisted Living Facility in Flathead County, specifically for younger people with disabilities such as MS, CP and paraplegia.
- Need staffing levels in nursing homes based on acuity of residents, not just on the head count of residents.
- Additional money for homemaker program. We offer homemaker services to anyone 60 years and older at a donation of \$2.00 per hour. We are able to provide 90 hours a month of direct service and we have 55 clients, a current waiting list of 6. We are only able to provide 2 hours a month of service at a time due to limited funding. It has come to my attention that seniors are often not able to vacuum, change bed linen, or see well enough to clean the bathroom or mop and sweep the floor. Please provide funding for homemaker services in the funding allotted to the Council on Aging.
- One commenter commented that there were issues with the Veterans' nursing homes being operated at the state level rather than at the federal level in regards to access to services. There are two laws that need to be changed: MCA 53-1-402 and federal law at Title 38, Chapter 1, Part 51. Commenter raised concerns regarding pharmacy in a state operated facility.
- Commenter would like Aid and Attendance program eliminated believing that it is discriminatory and a waste of money to pay people to investigate and deny claims. A and A veterans pay nothing for medications while those not on A and A are required to pay. All veterans should be treated the same regardless of war injuries or finances.
- Veterans should have access to male doctors and elderly people should not be provide psychotropic meds and no medicine should be put on a chart without discussing it with the family members.
- Continue to support funding for Senior Companion program. Program provides valuable service in rural areas of the State.